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ple ($n = 20,088$) of adult residents from the Baltimore, MD and Chicago, IL areas was contacted by phone, of whom 7,691 met occupation eligibility criteria. Respondents were randomized to one of the six interviews at the time of contact. Interviews were compared on the basis of estimates of work loss and variation in estimates of work loss associated with recall period and version.

RESULTS: Interviews varied in average length from 9.2 minutes (V3) to 15.1 minutes (V1). The participation rate (66%) did not vary with the version. Estimates of work loss varied with recall period and version. The mean total hours/week of lost productive work time was lower for interviews using a four-week compared to a one-week recall period. V3 of the interviews was the most discriminating for illness-related work-loss estimates. For example, individuals with allergic rhinitis (AR) reported significantly more lost productive time at work due to not feeling well compared to controls and a stronger relation between severity of AR and work loss.

CONCLUSION: Variation in relatively short recall periods influences estimates of work loss. Interview version 3 required the least time to administer and was the most discriminating in terms of work-loss estimates by illness status and illness severity.

PRP2**ASTHMA MANAGEMENT AND OUTCOMES IN ITALY**

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OBJECTIVE: To collect information on knowledge of asthma by patients (pts), on its management and outcomes.

METHODS: multi-center, cross-sectional survey. Patients (pts) were administered a questionnaire derived from the one used in the survey "Asthma Insights & Reality in Europe" (A.I.R.E.). The questionnaire was adapted for administration during a visit, instead of by phone as done during A.I.R.E.

RESULTS: During the second half of 2000, 105 pneumologists administered the questionnaire to 1017 asthmatic pts (972 fully evaluable). Urban population represented 53% of the sample, males were 44%, mean age was 44 years, and 35% suffered from seasonal asthma. Relatives suffering from asthma were reported by 39% of pts. Most pts (80%) believed that the number of Italian asthmatics had increased during the last decade. Those who rated their health status as at least good were 60%. Fifty three percent thought that their asthma was better today than 10 years ago. During the last 12 months, severe symptoms were reported by 44% of pts, 11% of pts spent at least one night in hospital, 16% reported accessing an emergency department, and 34% had an unscheduled visit. During the last four weeks, asthma was reported as very good/good by 53%. In the same time, 72% of pts reported symptoms of various severity, and 40% of pts had night awakening. The peak flow meter was known by 54% of pts. Thirty two percent of pts

owned one, but more than 50% of pts did not use it or used it only when symptoms appeared. Half of pts underwent lung functionality tests during the last 12 months.

CONCLUSION: Our data suggest that asthma management does not usually fit the GINA guidelines. Health status reported by pts does not always correspond with symptom severity assessed by doctors. The hospitalization rate and unscheduled visits due to asthma seem to be higher than expected.

PRP3**SPECIFIC IMMUNOTROPIC THERAPY — ASPECTS OF COST-EFFECTIVENESS**

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OBJECTIVES: To determine the cost-effectiveness of basic monotherapy for bronchial asthma in children with nedocromil sodium with or without specific immunotropic therapy (SIT).

METHODS: Criteria for effectiveness were the number of asymptomatic days per year and a complex estimation by A. Zemskov (1997) which includes dynamics, clinical and immunochemical markers of allergic inflammation. Direct and indirect costs were calculated using data from patient diaries with daily recording of medication and medical care. We observed 100 children with moderately severe asthma. The first group received monotherapy with nedocromil sodium. The second group received nedocromil sodium with SIT domestic allergens.

RESULTS: The study revealed that use of nedocromil sodium in $84.0 \pm 4.23\%$ of the children provided 327.24 ± 1.04 asymptomatic days per year. The cost of one asymptomatic day was 15.44 ± 0.26 rubles. The use of SIT in the first year of treatment improved the control of asthma, and the number of asymptomatic days per year was 333.8 ± 1.01 . The cost of one asymptomatic day in this group is 12.04 ± 0.28 rubles. Incremental cost-effectiveness ratio in group with SIT was $-171,71$. This complex analysis of the index with determination of clinico-immunological effectiveness was $-944,41$.

CONCLUSIONS: Our investigation showed that SIT in children with moderately severe asthma improved the effectiveness of basic therapy and reduced expenditures.

PRP4**COST-CONSEQUENCE ANALYSIS OF TIOTROPIUM VERSUS IPRATROPIUM FOR THE TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

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